

Parenting Practices: Parent's Perception of the Impact in Children Psychological Wellbeing

Tania Gaspar^{1-3*} and Margarida Gaspar de Matos^{1,2,4}

¹University of Lisbon, ISAMB, Portugal

²Faculty of Human Kinetics, University of Lisbon, Portugal

³Lusiada University of Lisbon, Portugal

⁴William James Research Center - ISPA, Portugal

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*Corresponding author

Tania Gaspar, Universidade Lusíada de Lisboa, Rua da Junqueira, n188-198, 1349-001, Portugal,
Tel: +351 96 285 2290;
Email: tania.gaspar.barra@gmail.com

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Abstract

Parenting practices play an important role in children's subjective wellbeing and global mental health.

The study included a sample of 2256 parents of 2256 children from 5th grade (48.8%) and 7th grade (51.2%), mean age 11.58 years old; SD 1.41; ranging from 10-16 (48.4% between 10 and 11 years of age and 51.6% 12 years or older); there were 46.2 % boys and 53.8 % girls.

The results present the descriptive analyses of the principal variables, parenting practices and parent's perception of child subjective wellbeing. It is presented a Regression Model that illustrates the strong impact of parenting practices in subjective wellbeing, and the gender and age differences in this relation.

The main conclusions are that positive parenting practices (control and acceptance) are related to positive perception of subjective wellbeing. Parents have a more positive perception of their parenting practices in relation to girls and younger children.

Suggestions for intervention are proposed, related to positive parenting practices promotion programs and intervention that involve parents-children activities.

Introduction

Parenting and Parental Education are frequent concepts that have progressed along with social and family changes. In the article "Good enough parenting for all children – a strategy for a healthier society" [1], refer to parenting that involves protection, education and integration functions, putting aside exclusive responsibility on biological families, extending to other familiar networks or not, that promote the construction of healthy and happy childhoods. Adopting a realistic perspective, the author proposes the search for hard-working parents, who seek to perfect themselves in accordance with the needs of their children and not the search for perfect parents.

The parental style refers to the way in which parents interact with each other and with children [2,3]. The parental practices embraced are also determinant and assume a great weight in the child's development and formation, being able to determine their characteristics in the future. We find in literature that parental behaviour is closely linked to a child's behaviour [4-6], which highlights the role of caregivers in the exercise of parental practices.

Parenting practices predict important mediators, including academic achievement, psychosocial adjustment [6] and psychological wellbeing [7].

The quality of the parent-child relationship presents an important impact on the development or prevention of children's health risk behavior. Positive parenting behavior contributes to children's positive development, namely, through adjustment, self-regulation and resilience [8]. Positive parenting practices can work as protective factors against other less-manageable moderators or risk factors, such as, poverty, community environment, media/social exposure, etc [6].

Negative parenting practices are related to harsher and inconsistent discipline, and positive parenting practices are related to warmth, communication and disciplinary practices [4,5].

Parenting behaviour can vary along two dimensions; demandingness or control, and responsiveness or acceptance [2-4]. Other researchers have categorized parent's styles in three categories: authoritarian (high control and less acceptance), authoritative (high control and high acceptance) or permissive (low control and high acceptance) [9]. A 4th category of neglect (low control and low acceptance) can be included [10].

Grusec and Davidov [11] identified five domains related to parent-child interactions or relationship, namely; protection, reciprocity, control, guided learning and group participation.

Rodrigo, Byrne e Rodriguez [12] present key aspects of positive parenting and respective children outcomes. Positive parenting included nurturing, structuring, stimulation, recognition, empowerment, and distance from violent parenting practices. Those parenting behaviours promote in children several fundamental developmental skills such as, security, confidence, sense of belonging, respect and internalization of norms and values, socio-emotional skills, positive self-concept, mutual respect in the family, self-regulation, autonomy, sense of cooperation with others and relationships based on respect and not based on violence.

With increasing research on the subject, it can be seen that among many other factors, can be pointed out as predictors of good physical and emotional health of the child as well as the quality of communication established between the spouses and marital satisfaction [13].

The psychological wellbeing of children and adolescents within an ecological perspective, which includes multiple levels of analysis [14,15]. Parent's perceptions of their children's wellbeing and their own communication and educational skills are influenced by several factors such as gender, age, personal and familial characteristics, and socio economic status [16-20]. Studies focusing on children's subjective wellbeing include interactions between demographics (e.g., age, gender and socioeconomic status), interpersonal characteristics (self-perception, feelings, general mood) and perceptions of wellbeing and happiness [21,22]. A review of research that compared self-reports of children and proxy reports of parents about health-related quality of life [23], provides useful evidence to evaluate the degree of agreement between children's and parents' perceptions [23,24].

Studies developed by Chang and Yeh (2005) and Gaspar, et al. (2010) [19] revealed that the information that parents give about the quality of life of their children is very similar to the perception of the children about their own quality of life. The younger the children, the more similar this is. In a study developed by Gaspar et al. [19], related to quality of life of children and adolescents organized in 10 dimensions, the information reported by parents and children about their children's quality of life was similar in almost all dimensions. In relation to the dimension related to friends and economic issues, parents reported a more negative perception than their children.

Parenting practices are related to subjective wellbeing and mental health in children and adolescents [16,21]; the concept of positive parenting emerged as important for the clarification of this project. Exercising positive parenting requires the development of a secure relationship with the child where there is concern for their superior interest, allowing their growth, education, training and guidance with limits without recourse to violence, aiming for their full development, and promoting children's positive development [19,25]. The progress of positive parenting and the support for parents in this process should focus on their potential, taking into account their strengths and their particularities. Positive parenting is associated with the use of love, support and respect, throughout the child's growth and development, seeking to increase their self-esteem and self-confidence, thus being determinant in the first years of life [26].

Literature suggested that parenting is a gendered activity and that fathers spend more time with and is more involved with their sons than their daughters. Mothers were more involved with and spent

more time with daughters than fathers, and daughters reported that they were much closer to and nurtured by their mothers [2,3,27,28].

The authoritarian styles were more likely to be used when parenting boys and the authoritative style of reasoning/induction was more likely when parenting girls [29].

Parenting practices influence female and male children in a different way, daughters may be more susceptible to the maternal influences and parenting styles have a stronger effect in girl's behaviour than in boys [16,27,30,31].

The present research's aim is related to parent's perception of the influence of parenting skills, such as communication and education style in the subjective wellbeing of their children. Gender and age differences will be studied in relation to this.

Methods

Participants

The present study is thus a cross-sectional national study, representative of Portuguese public schools (except Portuguese islands), and provides a random national representative sample of 5th and 7th grade pupils' parents. All ethical issues and legal authorizations, as well as consent from parents and schools were obtained. Questionnaires were anonymous and answered voluntarily. The study involved 92 schools and 162 classes. A total of 2256 parents filled out the questionnaires and could be matched with their children, in the present studied just going to reported results related to parental data. Mostly mothers filled the questionnaire (80.4%), in 2.4 % of the cases it was mother and father together that filled the questionnaire. A sample of 2256 parents of 2256 children from 5th grade (48.8%) and 7th grade (51.2%), mean age 11.58 years old; SD 1.41; ranging from 10–16 (48.4% between 10 and 11 years of age and 51.6% 12 years or older); there were 46.2 % boys and 53.8 % girls. Children were matched with the questionnaires from their parents if available. The majority of pupils came from a low or very low socio-economic status (62.2%), and 3.3% did not have Portuguese nationality.

Instruments

Subjective well-being: KIDSCREEN-52 can be used to measure, monitor, and evaluate subjective health-related quality of life in children and adolescent populations. It can be used in schools, hospitals, and in the research field - in areas such as public health and health psychology, and epidemiology. KIDSCREEN-52 is a 52-item self-report questionnaire, reporting on the 'past week' and requires about 15 minutes to complete. It includes 10 dimensions, describing subjective quality of life (Ravens-Sieberer et al. & European KIDSCREEN Group, 2001): Health & Physical Activity; General Mood/Emotions; Feelings; Self-Perception; Free Time & Autonomy; Family & Family Context; Friends & Social Context; School & Learning; Money Matters; and Bullying (Ravens-Sieberer et al. & European KIDSCREEN Group, 2001). To score the instrument, 14 items need to be reverse coded in order to have all items formulated positively (i.e. a higher score reflects a higher HRQoL perception). The score range for each dimension is 0 to 100. The statistical software package SPSS 15 was used. The Parents version of the KIDSCREEN-52 instrument showed good internal consistency for almost all of the 10 subscales. The lowest value of internal consistency reported

was self-perception (Cronbach’s alpha = 0.64) and the highest was money matters (Cronbach’s alpha = 0.87). The internal consistency of HRQoL Total is good, Cronbach’s alpha = 0.87 [19].

Parenting practices – control and acceptance: Parenting practices can be used to measure parental skills related to control and acceptance skill and practices. It was developed based on the Barros [32] instrument related to parent’s perception about parental education. The final version of the instrument presents 8 items (Cronbach’s alpha = 0.67), divided into 2 dimensions, one related to Acceptance (Cronbach’s alpha = 0.73), and the other related to Control (Cronbach’s alpha = 0.50) [33].

Procedure

Sampling methods were derived from the international study ‘Health Behaviour School Aged-Children’ (HBSC/WHO). The HBSC/WHO study’s sample was enlarged, and two extra random classes (5th grade and 7th grade) were selected in each of the national randomly selected schools. Schools were stratified by National Educational Regions (five in the whole country), following HBSC/WHO [34,35].

Methods

For the data analysis, the statistical software SPSS 20 was used to perform descriptive statistics, one-way ANOVA and linear regression models.

Results

In results what is going to be presented are the description of main variables, “children’s subjective wellbeing” and “parenting practices”, the gender of the children, the gender of the parents and the children’s age differences, and finally, a comprehensive model of the variables relation is going to be presented in order to better understand the impact of the other variables in parent’s perception of their children’s subjective wellbeing.

The parents present good values related to parenting practices and their perception of children’s subjective wellbeing is positive (Table 1).

The correlations between variables, Parenting Practices and Children’s subjective wellbeing is $r = 0.38$; statistically significant $p < 0.001$ (Table 2).

Gender statistical differences were found related to parenting practices. With male children, parents present less positive perception

Table 1: Descriptive statistics- parenting practices and children wellbeing.

Variable	N	Mean	SD
Parenting Practices	2042	4.17 (max 5)	0.49
Children subjective wellbeing	1656	77.36 (max 100)	11.36

Table 2: ANOVA – analyses of gender differences - parenting practices and children subjective wellbeing.

Dimensions	Female		Male		F
	M	SD	M	SD	
Parenting practices	4.19	0.48	4.14	0.49	5.45 [†]
Subjective well-being (KIDSCREEN-52)	77.42	11.6	77.3	11.06	n.s.

^{†††} $p < 0.001$; ^{††} $p < 0.01$; [†] $p < 0.05$

Table 3: ANOVA - analyses of children age differences - parenting practices and children subjective wellbeing.

Dimensions	10-11 years old		12-16 years old		F
	M	SD	M	SD	
Parenting Practices	4.21	0.45	4.13	0.52	13.93 ^{†††}
Subjective well-being (KIDSCREEN-52)	78.94	10.71	75.91	11.7	30.00 ^{†††}

^{†††} $p < 0.001$; ^{††} $p < 0.01$; [†] $p < 0.05$

Table 4: ANOVA - analyses of gender of the parents differences - parenting practices and children subjective wellbeing.

Dimensions	Mother		Father		Mother & Father		F
	M	SD	M	SD	M	SD	
Parenting practices	4.18	0.48	4.11	0.51	4.24	0.06	3.44 [†]
Subjective well-being	77.35	11.37	77.95	11.20	79.44	10.50	n.s.

^{†††} $p < 0.001$; ^{††} $p < 0.01$; [†] $p < 0.05$

of their own parenting practices. Gender statistical differences related to parent’s perception of their own children’s subjective well-being were not found (Table 3).

Age statistical differences were found related to parenting practices and subjective well-being. With older children, parents presented a less positive perception of their own parenting practices. Parent’s perception of their own children’s subjective wellbeing was less positive in relation to older children (Table 4).

Parent’s gender statistical differences were found to be related to parenting practices. When it was mother and father that filled the questionnaires together they present more positive perception of their own parenting practices. Parent’s gender statistical differences were not found to be related to parent’s perception of their own children’s subjective well-being (Table 5).

A regression model was developed, in order to better understand the impact of gender, age and parenting practices in parent’s perception of children’s subjective quality of life. The model (see Table 5) uses parent’s perception of children’s subjective quality of life as a moderating variable and use gender and age of the children, and gender of the person who filled the questionnaire and parenting practices as mediating variables.

Table 5: Impact of age, gender and parenting practices - regression models- dependent variable parent’s perception of children subjective quality of life.

Model	Unstandardized Coefficients		Standardized Coefficients		t
	B	Std. Error	Beta		
(Constant)	51.58	3.65			14.14 ^{†††}
Parents gender	0.95	0.57	0.04		(n.s.)
Childrengender	0.19	0.55	0.01		(n.s.)
Children age	-1	0.2	-0.12		-5.07 ^{†††}
Parenting practices	8.64	0.56	0.37		15.41 ^{†††}

Dependent variable parent’s perception of children subjective quality of life.

^{†††} $p < 0.001$; ^{††} $p < 0.01$; [†] $p < 0.05$

Regarding the Regression Model, an adequate model was achieved [F (4, 1455) 72.32; $p < 0.001$] and the explained variance was 17 %. The variable 'parenting practices and children's age was associated to parent's perception of children's subjective well-being. In the model, the variables 'gender of the children' and "gender of the parents" does not have a statistically significant impact on parent's perception of children's subjective well-being.

The model presented a strong association between 'parent's perception of children's subjective well-being' and 'parenting practices (control and acceptance). The age of the children also presents a strong association with 'parent's perception of children subjective well-being'.

Discussion

Results increase the knowledge related to parent's perception of the influence of parenting practices, such as control and acceptance skills in the subjective wellbeing of their children. And about the gender and age differences in relation to this.

The parents present a positive perception about their parenting practices, and about their children's subjective wellbeing (Gaspar, et al, 2010; Jelenova, et al, 2016; Michel, Bisegger, Fuhr, et al. 2009; Ravens-Sieberer et al, 2001) [19,25,36,].

Gender differences were found related to parenting practices. Related to male children, parents present a less positive perception of their own parenting practices. Several authors refer that both mother and father are harder with boys, may be more likely to display hostility toward their sons than toward their daughters. On the other hand, girls tend to establish more intimate and self-disclosing relationships than those formed by boys, and girls are more inclined than boys to seek help and emotional comfort from others. The authoritarian styles were more likely to be used when parenting boys and the authoritative style of reasoning/induction was more likely when parenting girls [2,3,16,27,29].

Results show that parenting practices influence female and male children in a different way; daughters may be more susceptible to the influences of maternal parenting styles which have a stronger effect in girl's behaviour than in boys [16,27,30,31].

Gender differences were not found to be related to parent's perception of their own children's subjective well-being, those results are not the same as other studies, global subjective wellbeing is frequently worse for females than for males but not for all dimensions of quality of life (Gaspar, et al, 2012; Michael, et al, 2008) [21]. There were not found differences between boys and girls in dimensions related to peers group and economic issues, and in relation to school achievement and environment girls presented a better perception of quality of life [21].

Age differences were found to be related to parenting practices and subjective well-being.

In relation to older children, parents present a less positive perception of their own parenting practices. Parents with older children were more likely to have Neglectful or Indulgent parenting styles and less likely to set limits on behaviour [37].

Parent's perception of their own children's subjective well-being was less positive in relation to older children. Age differences are often

reported [21] (Gaspar, et al, 2012; Michael, et al, (2008) in children frequently presented with a more positive perception of subjective wellbeing in almost all dimensions.

Parental gender differences were found to be related to parenting practices. When mother and father filled the questionnaires together they presented a more positive perception of their own parenting practices. Frequently mothers are more involved in children's activities and routines. On the other hand, parenting is a gendered activity and that fathers spend more time with and are more involved with their sons than their daughters. Mothers were more involved with and spent more time with daughters than fathers, and daughters reported that they were much closer to and nurtured by their mothers [2,3,27,28].

Parental gender differences were not found to be related to parent's perception of their own children's subjective well-being, similar results were found in other studies, such as, Gaspar et al [19].

A comprehensive model was developed, in order to better understand the impact of gender, age and parenting practices in parent's perception of children's subjective quality of life. The proposed model show that parent's perception of children's subjective quality of life is a moderating variable and gender, age of the children, and gender of the person who filled the questionnaire and parenting practices work as mediating variables.

The proposed model presented a strong association between 'parent's perception of children's subjective well-being' and 'parenting practices' (control and acceptance). The parenting behaviour is correlated to children's subjective wellbeing and mental health [16,25].

It can be concluded that the quality of the parent-child relationship presents a fundamental impact on the child's development. Positive parenting behaviour contributes to children's positive development, namely, through adjustment, self-regulation and resilience [8,21]. Negative parenting practices are related to harsher, permissive, neglect, and inconsistent discipline, whereas positive parenting practices are related to warmth, communication, and disciplinary practices [4,5].

The age of the children also presents a strong association with "parent's perception of children's subjective well-being". The results of a study developed by Shamah [38] support that parenting behaviours change in importance across the life of children. Regarding the positive parenting behaviour, importance ratings initially increase, then either increase (for example: discipline, education), decrease (for example bonding, responsivity, sensitivity), or remain constant (for example: general welfare and protection) for elementary school-aged children, and subsequently decrease across the remaining child age groups (adolescent, late adolescent, adult). Regarding the negative parenting behaviours, negative parenting behaviours significantly decrease in importance as children became older. The author also reveals that for each child age group, some parenting behaviours are significantly more important than others. The bonding, responsivity, and sensitivity of parental role characteristics are generally most important for all child age groups while the disciplinary parent role characteristic is the least important positive parent role characteristic for all child age groups. During the development process, children/adolescents need change based on their age. Thus, parents need to

adjust their parenting practices in order to take into account their children's changing needs.

The present study is a contribution to highlight the knowledge about parent's perception about their parenting practices, the perception of parents related to subjective wellbeing of their children and the relation between parenting practices and subjective wellbeing. Age and gender differences are taken into account in the understanding of the impact of parenting practices and children's subjective wellbeing.

The limitation of the study is the misinformation about children's perception about their own subjective wellbeing, however this aspect can be minimized because literature that compared self-reports of children and proxy reports of parents about subjective wellbeing and quality of life, show evidence of a high degree of agreement between children's and parents' perceptions [23,24]. The study sample it is almost completely composed by mothers, it would be interesting to obtain more information about fathers' perception about their parenting practices and the perception of fathers related to subjective wellbeing of their children, and understand better the mother and father differences and the impact in children's development.

The study included children and adolescents from the study were conducted on low or very-low socio-economic population of children and in urban and rural areas. Should be interesting study the potential relation between the socio-economic status, living area, the parent's practices and their perception of the impact on children's psychological wellbeing.

Results suggest that parents are an important group for psychosocial intervention to improve their parenting practices, in order to promote subjective wellbeing in their children, a better family function respecting the special needs of children's age and gender, and finally overall mental health. Intervention should also focus in programs that involve both parents and children in formal and informal activities.

Key Findings

- Parents present a less positive perception of their own parenting practices related to older children than in relation to younger children;
- Parents present a less positive perception of their own parenting practices in relation to male children than related to female children;
- When mother and father filled the questionnaires together they presented a more positive perception of their own parenting practices; Strong impact between parenting practices (control and acceptance) and parent's perception of children's subjective well-being.

References

- Hoghughl M, & Speight N. Good enough parenting for all children-a strategy for a healthier society. *The Journal of the Royal College of Paediatrics and Child Health*. 1998; 78: 293-300.
- Baumrind D. The influences of parenting style on adolescent competence and substance use. *Journal of Early Young Adolescence*. 1991; 11: 56-95.
- Baumrind D. Parenting styles and adolescent development. Brooks-Gunn, R Lemer, and A C Peterson Editors. In: *The encyclopedia of adolescence*. New York: Garland. 1991.
- Hoskins D. Consequences of parenting on adolescent outcomes. *Societies*. 2014; 4: 506-531.
- Hossain S, Huq S, Adhikari B, Zai S & Haque S. Parenting skills and child behavior: a cross-sectional study in some selected areas of Nepal. *South East Asia Journal of Public Health*. 2015; 5: 44-48.
- Newman K., Harrison L, Dashiff C & Davies S. Relationships between parenting styles and risk behaviors in adolescent health: an integrative literature review. *Rev Lat Am Enfermagem*. 2008; 16: 142-150.
- Khodabakhsh M & Ahmedbookani F. Psychological well-being and parenting styles as predictors of mental health among students: implications for health promotion. *International Journal of paediatrics*. 2014; 2: 39-46.
- Wills T, Gibbons F, Gerrard M, Murry V & Brody G. Family communication and religiosity related to substance use and sexual behavior in early adolescence: a test for pathways through self-control and prototype perceptions. *Psychol Addict Behav*. 2003; 17: 312-323.
- Baumrind D. Current patterns of parental authority. *Developmental Psychology*. 1971; 4: 1-103.
- Adalbjarnardottir S, Hafsteinsson L. Adolescents' perceived parenting styles and their substance use: Concurrent and longitudinal analyses. *Journal of Research on Adolescence*. 2001; 11: 401-423.
- Grusec J & Davidov M. Integration different perspectives on socialization theory and research: a domain-specific approach. *Child Dev*. 2010; 81: 687-709.
- Rodrigo M, Byrne S & Rodriguez B. Parenting styles and child well-being. A Ben-Arieh, I Fronese, F Casas & J Korbin, editors. In: *Handbook of Child Well-being*, Springer Science + Business Media Dordrecht. 2013.
- Kreppner K. The child and the family: interdependence in developmental pathways. *Psicologia: Teoria e Pesquisa*. 2000; 16: 11-22.
- Harding L. Children's quality of life assessments: A review of genetic and health related quality of life measures completed by children and adolescents. *Clinical Psychology and Psychotherapy*. 2001; 8: 79-96.
- Nelson, Geoffrey, Laurendeau, Marie-Claire, Chamberland, Claire. A review of programs to promote family wellness and prevent the maltreatment of children. *Canadian Journal of Behavioural Science*. 2001; 33: 1-13.
- Bolghan-Abadi M, Kimiaee S & Amir F. The relationship between parents' child rearing styles and their children's quality of life and mental health. *Psychology*. 2011; 2: 230-234.
- Bronfenbrenner U. Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*. 1986; 22: 723-742.
- Caldera Y & Hart S. Exposure to child care parenting style and attachment security. *Infant and Child Development*. 2004; 13: 21-33.
- Gaspar T, Matos M G, Foguet J, Ribeiro J L & Leal I. Parent-child perceptions of quality of life: Implications for health intervention. *Journal of Family Studies*. 2010; 16: 143-154.
- Kazdin A & Whitley M. Treatment of parental stress to enhance therapeutic change among children referred for aggressive and antisocial behaviour. *J Consult Clin Psychol*. 2003; 71: 504-515.
- Gaspar T, Matos M, Ribeiro J, Leal I, Erhart M & Ravens-Sieberer U. Health-related quality of life in children and adolescents: subjective well-being. *Spanish Journal of Psychology*. 2012; 15: 177-186.
- Mccullough G, Huebner E & Laughlin J. Life events, self-concept, and adolescents' positive subjective well-being. *Psychology in the Schools*. 2000; 37: 281-290.
- Eiser C & Morse R. Can parents rate their child's health-related quality of life? Results of a systematic review. *Qual Life Res*. 2001; 10: 347-357.
- Marshall G, Hays R & Nicholas R. Evaluating agreement between clinical assessment methods. *International Journal of Methods in Psychiatric Research*. 1994; 4: 249-257.

25. Jelenova D, Prasko J, Ociskova M, Latalova k, Karaskova E, Hruby R, et al. Quality of life and parental styles assessed by adolescents suffering from inflammatory bowel diseases and their parents. *Neuropsychiatr Dis and Treat*. 2016; 12: 665-672.
26. American Academy of Pediatrics. *Your Baby's First year*. 2nd edn. New York: American Academy of Pediatrics. 2005.
27. Barton A & Kirtley M. Gender Differences in the Relationships among Parenting Styles and College Student Mental Health. *J Am Coll Health*. 2012; 60: 21-26.
28. Moreira H, Gouveia M J, Carona C, Silva N & Canavarro C. Maternal Attachment and Children's Quality of Life: The Mediating Role of Self-compassion and Parenting Stress. *Journal of Child and Family Studies*. 2015; 24: 2332-2344.
29. Russell A, Aloa V, Feder T, Glover A, Miller H & Palmer G. Sex-based differences in parenting styles in a sample with preschool children. *Australian Journal of Psychology*. 1998; 50: 89-99.
30. Kausar R & Shafique N. Gender differences in perceived parenting styles and socioemotional adjustment of adolescents. *Pakistan Journal of Psychological Research*. 2008; 23: 93-105.
31. Sohrabi F & Hasani A. Parenting styles and anti-social behaviors of female adolescents. *Journal of Psychology*. 2007; 11: 74-88.
32. Barros J. Desenvolvimento de um questionário de percepção de pais e filhos sobre a educação familiar. *Psychologica*. 1996; 15: 119-133.
33. Gaspar T & Matos M. Escala de Avaliação das Práticas Parentais: Controle e Aceitação (Parental Practices Assessment Scale: Control and Acceptance). *Jornal da Psicologia da Criança e do Adolescente/Journal of child and adolescent Psychology*. 2017.
34. Currie C, Samdal O, Boyce W & Smith R. HBSC - a WHO cross national study: Research protocol for the 2001/2002 survey. Copenhagen: WHO. 2001.
35. Matos M, Simões C, Tomé G, Gaspar T, Camacho I, Diniz J, et al. A Saúde dos Adolescentes Portugueses. Hoje e em 8 anos. Preliminar do Estudo HBSC 2006.
36. Michel G, Bisegger C, Fuhr D C, Abel T, et al. Age and gender differences in health-related quality of life of children and adolescents in Europe: a multilevel analysis. *Qual Life Res*. 2009; 18: 1147-1157.
37. Rosen L, Cheever N & Carrier M. The association of parenting style and child age with parental limit setting and adolescent MySpace behavior. *Journal of Applied Developmental Psychology*. 2008; 29: 459-471.
38. Shamah R. *Parenting Children of Different Ages: Adjusting: child Rearing Practices*. Pace University, New York, USA. 2011.